arms disappearing. At the end of the fifth day, no inconvenience beyond a slight burning pain near the sacrum remained.—*Brit. and For. Med.-Chirurg. Rev.*, Oct. 1857.

---

35. *On the Prevention of the Ill-consequences of Operations.*—Prof. Deroubaix, Surgeon to the St. Jean, Brussels, terminates a series of papers upon this subject with the following summary:—

1. If it is the duty of a surgeon to seek, by the improvement of his operative procedures, to obviate the immediate accidents of operations, the endeavour to discover the means of prevention of the secondary accidents, which are far more dangerous, is still more imperiously demanded at his hands. 2. Could the great surgical operations be rendered less dangerous in themselves, the intervention of surgery would be much more clearly and more frequently indicated in cases where the practitioner now often is obliged to remain a passive spectator of disorders which infallibly prove fatal. 3. The danger of great operations is not due to the size of the surfaces concerned, but to the number and volume of the veins divided. 4. When the division of veins proves mischievous, it does so by giving rise, through a mechanism the nature of which it is not always easy to appreciate, to the production of purulent infection, one of the most fearful consequences of traumatic lesions. The great danger and extreme frequency of this complication justify the efforts made for its prevention or removal. 5. There are two directions, both perhaps equally good, by following which we may succeed in rendering pyæmia of much less frequent occurrence. The first of these consists in improving and rendering less uncertain the process of healing by the first intention; and the second in so modifying the divided surfaces as to convert them into a lesion of continuity of far less dangerous character. 6. Metallic caustics, at least in the immense majority of cases, do not give rise to purulent infection; but they are not applicable to certain operations—as, *e. g.*, amputations. 7. It is rational, then, when seeking for substitutive or modificatory means for the prevention of pyæmia, to resort to such as most resemble caustics in their mode of action, and yet are exempt from the disadvantages of these therapeutical agents. 8. The tincture of iodine would seem to possess properties enabling it to fulfil these indications, seeing the deep-seated modification it impresses on the tissues, and the plastic effects it gives rise to. It does not act upon the ligatures, and therefore does not give rise to the danger of secondary hemorrhage. When it is applied to bleeding surfaces after an operation, it induces a general hyposthenic effect of short duration, and a local hyposthenic effect, which imparts peculiar characteristics to the granulations and cicatrization. 9. The most remarkable results of this hyposthenization are, the much less indolence of the wound, the slight amount of suppuration, the notable diminution of the general reaction, and the maintenance of a condition approaching that of health. These phenomena offer no impediment to rapid cicatrization. 10. The discharge from the surface of the wound is considerably diminished as a consequence of the application of the tincture; but this does not prevent arterial hemorrhage, or the loss of blood from the large veins. 11. The putridity of the wound becomes evidently diminished; and when the tincture is applied to the divided extremities of the veins, these become corrugated and narrowed, and then agglutinated. If phlebitis arises, it is obliterative and adhesive, not suppurating. 12. The application of the tincture to the sawn surface of the bones does not lead to necrosis. 13. The tincture imparts no preservative power against pyæmia when an open venous orifice, through which pus may be easily, so to say, mechanically introduced exists at any point of the surface. 14. In ordinary cases, even the tincture is no certain preventive of purulent infection. When, after it has been applied, we find the vicinity of the wound remaining very painful, we should suspect a commencement of phlebitis, and the course of the pain should be carefully inquired into. 15. It should be remarked that, as the general hyposthenization which results from the application of the tincture exhibits itself in symptoms, comparable to a certain point to those produced by chloroform, prudence is required in the simultaneous or successive employment of the two substances. Perhaps this is the principal defect in the iodine.

16. The injection of the tincture into the veins is immediately fatal. It induces an entirely peculiar coagulation of the blood, incapable of being confounded with any other pathological or spontaneous coagulation. 17. Nevertheless, this medicinal substance cannot, when applied to a bleeding surface, be carried in substance into the torrent of the circulation, unless, indeed, venous orifices be maintained open by adhesions. It is absorbed in the state of an alkaline iodide, and may be found in such a state of combination in the blood and urine. The amount ordinarily absorbed exerts no ill effect upon the economy.—*Brit. and For. Med.-Chirurg. Rev.*, Oct. 1857, from *Presse Méd. Belge*, 1857, Nos. 17–24.

36. *Amputation at the Knee-Joint, leaving the Articular Surface entire.*—Mr. Lane communicated to the Western Medical and Surgical Society (Oct. 23, 1857) some remarks on this operation. He advocated its adoption in all cases where the disease was confined to below the joint in preference to the more common practice of removing the femur at its lower third. Mr. Lane stated that he had, for the first time in England, performed this operation about five weeks ago, and exhibited the subject to the members. It had been performed in Glasgow in 1847 once, and in the Crimea seven times, in three of which the patient recovered. It had been performed eighteen times in America, with five deaths; and twenty-eight times on the Continent, with twelve deaths; giving a percentage of 31 deaths, whilst that from amputation of the thigh was about 43½: hence the recommendation of the present plan. He described the operation, recommending a large anterior flap to be made in front of the joint down to the insertion of the ligamentum patella, which was to be turned up and the knife carried through the joint, and a small posterior flap to be then made, so that in healing it would draw the anterior flap over the articular surface, the cicatrix being then behind the joint. The advantages of this plan were apparent in the decreased mortality, and in the after usefulness which would arise from the stump being capable of bearing the pressure of the body better than does the divided femur. Mr. Syme and Mr. Fergusson had recommended a similar operation, but it differed in the removal of the articular surface, and in the recommendation to make a large posterior flap, which was objectionable on account of the tissues of the calf being unaccustomed to pressure and unfit for the proposed work.—*Lancet*, Nov. 7, 1857.

37. *Results of the Operation of Tracheotomy performed for Croup at the Children's Hospital, Paris, during the Year* 1856.—The *Bulletin de Thérapeutique* (May 30, 1857) contains an extremely instructive table respecting tracheotomy in croup, taken from the thesis of M. André, late house-physician (interne) of the Children's Hospital:—

AGE.	NO. OF PATIENTS.	DEATHS.		RECOVERIES.	
		Boys.	Girls.	Boys.	Girls.
From 15 months to 2 years	6	2	4	...	...
“ 2 years to 3 years	9	4	3	2	...
“ 3 “ 4 “	13	5	4	4	...
“ 4 “ 5 “	11	6	3	1	1
“ 5 “ 6 “	6	3	1	1	1
“ 6 “ 6½ “	3	1	1	...	1
“ 7 years	2	...	1	...	1
“ 8 “	2	...	1	1	...
“ 9 “	1	...	...	1	...
“ 9½ “	1	...	...	...	1

From this table it appears that many successful cases of tracheotomy have been observed, as nearly one-third of the patients recovered. The most notable success has been obtained with children from nine to nine years and a half old, and then with those children who were from five to six years old. The least satisfactory results were observed from fifteen months to two years, for